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\*\* CONTINUING DATA \*\*\*\*\* *None* \*\*\*\*\*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY DC	SHEETS DRAWING 16	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>None</i>	Initials <i>None</i>		

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## TITLE

HAPTIC INTERFACE FOR PALPATION SIMULATION

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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